

Work Order ID 101652

May-13-13 1:10:52 PM

101652

Page 1

Item ID: D3207-11

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Bracket

Start Date: 5/15/13 Start Qty: 10.00 *10*

Cust Item ID:

Required Date: 5/31/13 Req'd Qty: 10.00 *10*

Customer:

Reference:

Approvals:

Process Plan: MLS

Date: 13-05-15 Tooling:

Date:

Run Start

NR1

QC:

Date: SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3207	C								
100		0.00							
100	FLOW WATER JET								
Waterjet	Memo	0.00							
FLOW CNC Waterjet	I-Cut D3702-1 as per Dwg								
2024-06-3	Dwg Rev: C								
	Prog Rev: C								
	2-Deburr if necessary								
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
110	Memo	0.00							
QC									
Quality Control									

16 0 Ae
13.08.12

13.08.12

16 0 Ae
13.08.12

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____	Work Order:	Part No. _____	Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering
NCR No. _____	Part No. _____	NCR No. _____	Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality
			Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other
			Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>	
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure					
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld					
Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled					
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>						
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>						
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>						
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Other	<input type="checkbox"/>						
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>		<input type="checkbox"/>						
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>		<input type="checkbox"/>						
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>		<input type="checkbox"/>						

Work Order ID 101652***101652***

Page 2

May-13-13 1:10:52 PM

Item ID: D3207-11

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Bracket

Stop

NS2

Start Date: 5/15/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/31/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____

Tooling: _____ Date: _____

Run

Start

NR1

QC: _____ Date: _____

SPC (Y/N): _____ Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC	QC8- Inspect parts - second check Memo	0.00 0.00	DAS 27 9-09			16			
130 *130* Brake NC	Form as per dwg NC BRAKE Memo	0.00 0.00				16			1309/20
140 *140* QC	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00	DAS 27 9-09 13-09 20			16			

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear					General						
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced			
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure			
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld			
Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled			
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>				
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>				
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>				
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Other	<input type="checkbox"/>				
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>				
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>				
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>				

Work Order ID 101652***101652***

Page 3

May-13-13 1:10:52 PM

Item ID: D3207-11

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Bracket

Stop

NS2

Start Date: 5/15/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/31/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

150

Chemical Conversion Coat per QSI005 4.1

0.00

150

HandFinish

Hand Finishing

16 7/13/23

155

QC7-Inspect Chemical Conversion Coat

0.00

155

QC

Quality Control

16X 7/13/26

160

Grey Sandtex(Ref:4.3.5.6) per QSI005 4.3

0.00

160

Powdercoat

Powder Coating

Memo

8:15 0.00

START TIME:

FINISH TIME:

OVEN TEMPERATURE:

16X 7/13/27

W125028

320°F

8:45

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS								
Part No. _____	Rework <input type="checkbox"/>		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
NCR No. _____	Scrap <input type="checkbox"/>		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
	Use-as-is <input type="checkbox"/>		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
	Work Order Update <input type="checkbox"/>		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 101652***101652***

Page 4

May-13-13 1:10:52 PM

Item ID: D3207-11

Accept

N900040100

Setup

Start ***NS1***

Revision ID:

Item Name: Bracket

Stop

NS2

Start Date: 5/15/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/31/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170 *170* QC	QC3- Inspect Part Finish	0.00							16x 4 41 13/09/27
Quality Control	Memo	0.00							
180 *180* Packaging Packaging	Identify as per dwg & Stock Location: <u>81202</u>	0.00							16x D4S 26/09/2013
	Memo	0.00							13/09/30
190 *190* QC	QC21- Final Inspection - Work Order Release	0.00							<u>13/09/30</u>
Quality Control	Memo	0.00							

AB/AB30

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other, Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>								
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

Picklist Print

May-13-13 1:10:52 PM

Page 1 / 1

Work Order ID: 101652

Parent Item: D3207-11

Parent Item Name: Bracket

Comments: IPP REV:A NEW ISSUE 12-03-23 JLM VERIFIED BY:EC IPP REV:B 12.05.10 per dwg
rev.c DD verf:EC

Start Date: 5/15/13

Required Date: 5/31/13

Start Qty: 10.00

Required Qty: 10.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.063		Purchased	No			100	sf	196.7200	0.161	1.694737	125.636 → 2.72	Ac	13-08-12
2024-T3 .063 sheet													
				<u>Location</u>			<u>Loc Qty</u>		<u>Loc Code</u>				
				MAT022			196.72						
				119916			0.2						
				121197			21.34						
				123096			11.4						
				123654			11.64						
				123701			57.14						
				125341			95						

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

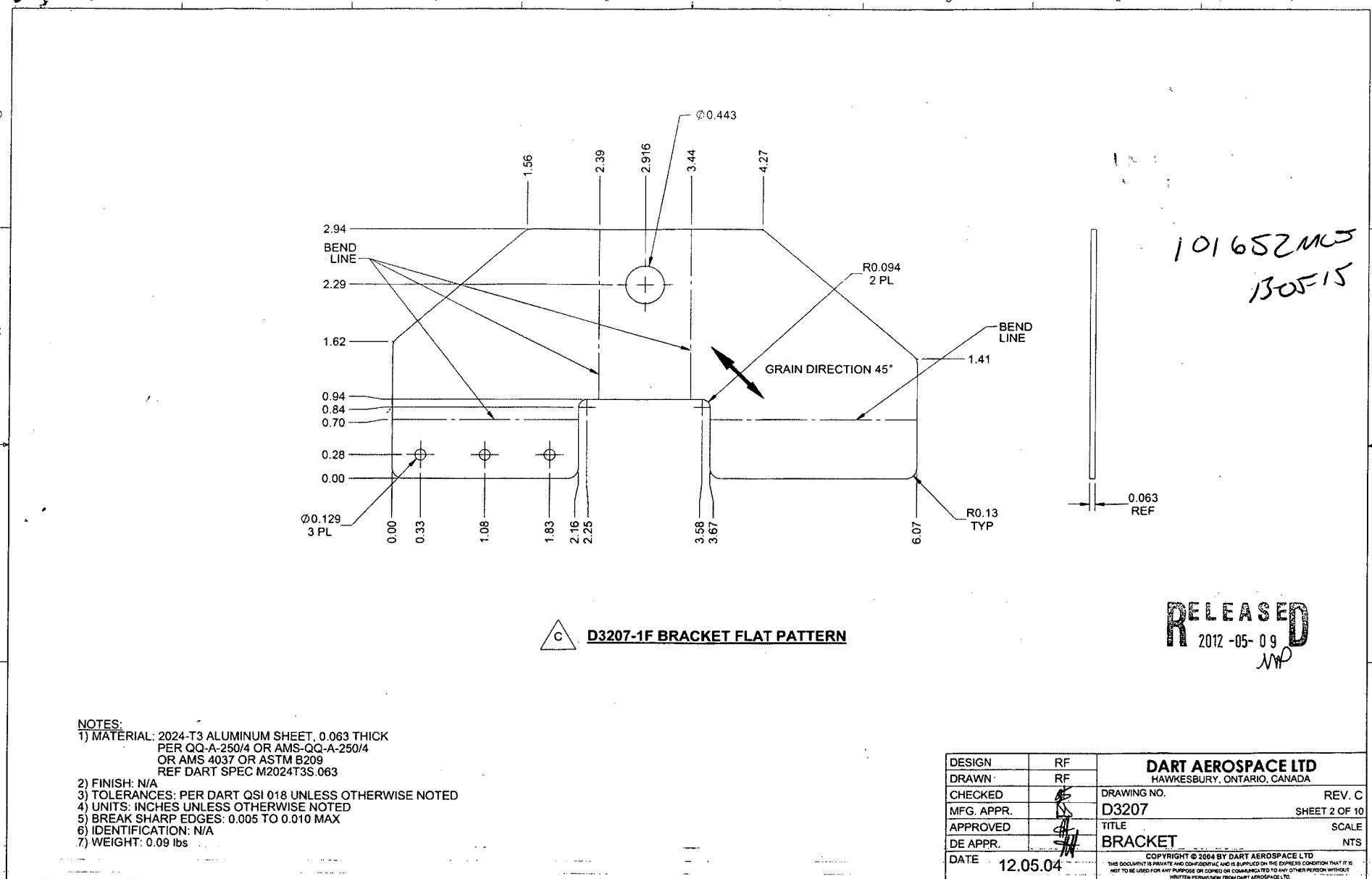
Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS								
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

DART AEROSPACE LTD	Work Order:	101682
Description: Bräcket	Part Number:	D3207-11
Inspection Dwg: D3207	Rev: C	Page 1 of 1

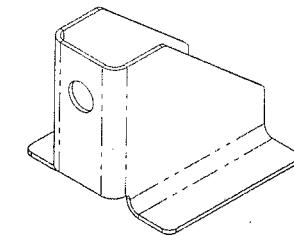
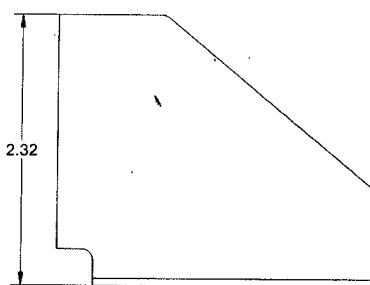
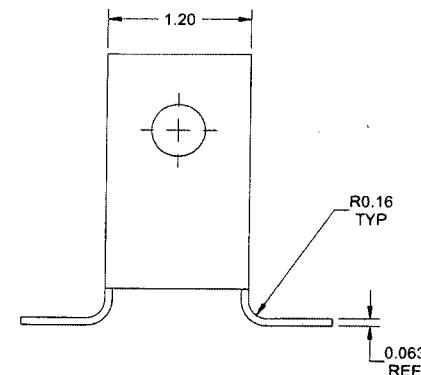
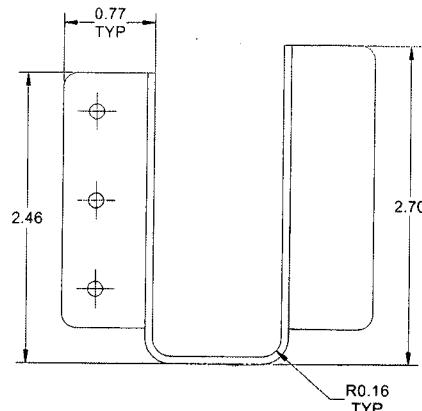
FIRST ARTICLE INSPECTION CHECKLIST

Measured by: <i>Ae</i>	Audited by: <i>BB</i>	Preliminary Approval:
Date: 13.08.12	Date: 13.8.12	Date:

Rev	Date	Change	Revised by	Approved
A	12.05.14	New Issue	KJ	
B	12.06.05	Dwg Rev updated	KJ	



DESIGN	RF	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	RS	DRAWING NO. D3207	
MFG. APPR.	RS	REV. C SHEET 2 OF 10	
APPROVED	RS	TITLE SCALE	
DE APPR.	RS	BRACKET NTS	
DATE	12.05.04	COPRIGHT © 2004 DART AEROSPACE LTD THIS DOCUMENT IS THE PROPERTY OF DART AEROSPACE LTD. IT IS EXPRIMED CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



D3207-11 BRACKET

NOTES:

- 1) MATERIAL: MAKE FROM D3207-1F FLAT PATTERN
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
POWDER COAT GREY SANTEX (4.3.5.6) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.09 lbs

DESIGN DRAWN	RF RF	DART AEROSPACE LTD	
HAWKESBURY, ONTARIO, CANADA			
CHECKED <i>[Signature]</i>	DRAWING NO.		REV. C
MFG. APPR. <i>[Signature]</i>	D3207		SHEET 10 OF 10
APPROVED <i>[Signature]</i>	TITLE		SCALE
DE APPR. <i>[Signature]</i>	BRACKET		NTS
DATE 12.05.04	COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD		